

Kickapoo Valley Reserve Summer Adventure Day Camp
Medication Consent Form
(only necessary if child needs medication while at camp)

TO THE PARENTS OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while attending Kickapoo Valley Reserve (KVR) Summer Adventure Day Camp program, it is Reserve policy to secure your consent for medication distribution and for use of medical devices. The medication or medical device can be self-administered or be administered by a KVR staff person.

All medications must be in a medicine bottle and labeled with the student's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

_____ I want the medication or medical devices self-administered.

_____ I want the medication or medical device monitored by a KVR instructor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward (i.e., bee sting kits, inhalers).

Name of medication _____ Prescribing doctor _____

Amount to be taken _____

How is it taken _____

When to be administered _____

Special instructions _____

Student's Name (please print) _____

Signature of Parent or Guardian _____

Date _____

Forms must be completed and returned to the Kickapoo Valley Reserve at least one week prior to the start of your child's program:

***Kickapoo Valley Reserve
S3661 State Highway 131
La Farge, WI 54639
PH: 608/625-2960***